

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/045 802

FILING DATE

10-19-01

APPLICANT(S) /

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
(12)	1						62						
13							63						
14							64						
15							65						
(16)	1						66						
17							67						
18							68						
19							69						
(20)	1						70						
21							71						
22							72						
23							73						
(24)	1						74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
(33)	1						83						
34							84						
35							85						
36							86						
(37)	1						87						
38							88						
39							89						
40							90						
(41)	1						91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	21						TOTAL DEP.						
TOTAL CLAIMS	28						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS